



Massachusetts Department of Revenue
Form IFTA-1
International Fuel Tax Agreement
Massachusetts License Application

2020

Registration period January 1, 2020 through December 31, 2020.

Federal Identification number	Social Security number	U.S. Department of Transportation number	
Legal name of business	Trade name (DBA)		
Physical address of business	City/Town	State	Zip
Mailing address	City/Town	State	Zip
Office where fuel records are available for audit (if different from business address or mailing address)		Business telephone	
Name of representative or agent (include Form M-2848, Power of Attorney)		Telephone	
<input type="radio"/> Yes <input type="radio"/> No			
Type of business			
<input type="radio"/> Corporation <input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Other (specify)			

Principal officers. This section must be completed in full.

Title	Name	Social Security number	Residential address

Registration

Registration type	Start date in IFTA program
<input type="radio"/> Renewal <input type="radio"/> Additional	

Fuel type. Check all that apply.

☐ Diesel ☐ Gasoline ☐ Ethanol ☐ Propane (LPG) ☐ Biodiesel ☐ LNG ☐ Gasohol ☐ Methanol ☐ CNG ☐ A-55 ☐ E-85 ☐ M-85 ☐ Electricity
☐ Hydrogen

Decal order and application fee

1 Number of IFTA vehicles.	
2 Cost per vehicle.	\$ 8.00
3 Total due (multiply line 1 by line 2).	

Be sure to complete page 2.



Jurisdictions.

- Fill in the oval next to any jurisdiction in which you travel.
- | | | | | |
|---|--|---|---|---|
| <input type="radio"/> AL – Alabama | <input type="radio"/> IN – Indiana | <input type="radio"/> MT – Montana | <input type="radio"/> PA – Pennsylvania | <input type="radio"/> WY – Wyoming |
| <input type="radio"/> AZ – Arizona | <input type="radio"/> IA – Iowa | <input type="radio"/> NE – Nebraska | <input type="radio"/> RI – Rhode Island | Canadian provinces: |
| <input type="radio"/> AR – Arkansas | <input type="radio"/> KS – Kansas | <input type="radio"/> NV – Nevada | <input type="radio"/> SC – South Carolina | <input type="radio"/> AB – Alberta |
| <input type="radio"/> CA – California | <input type="radio"/> KY – Kentucky | <input type="radio"/> NH – New Hampshire | <input type="radio"/> SD – South Dakota | <input type="radio"/> BC – British Columbia |
| <input type="radio"/> CO – Colorado | <input type="radio"/> LA – Louisiana | <input type="radio"/> NJ – New Jersey | <input type="radio"/> TN – Tennessee | <input type="radio"/> MB – Manitoba |
| <input type="radio"/> CT – Connecticut | <input type="radio"/> ME – Maine | <input type="radio"/> NM – New Mexico | <input type="radio"/> TX – Texas | <input type="radio"/> NB – New Brunswick |
| <input type="radio"/> DE – Delaware | <input type="radio"/> MD – Maryland | <input type="radio"/> NY – New York | <input type="radio"/> UT – Utah | <input type="radio"/> NL – Newfoundland |
| <input type="radio"/> DC – District of Columbia | <input type="radio"/> MA – Massachusetts | <input type="radio"/> NC – North Carolina | <input type="radio"/> VT – Vermont | <input type="radio"/> NS – Nova Scotia |
| <input type="radio"/> FL – Florida | <input type="radio"/> MI – Michigan | <input type="radio"/> ND – North Dakota | <input type="radio"/> VA – Virginia | <input type="radio"/> ON – Ontario |
| <input type="radio"/> GA – Georgia | <input type="radio"/> MN – Minnesota | <input type="radio"/> OH – Ohio | <input type="radio"/> WA – Washington | <input type="radio"/> PE – Prince Edward Island |
| <input type="radio"/> ID – Idaho | <input type="radio"/> MS – Mississippi | <input type="radio"/> OK – Oklahoma | <input type="radio"/> WV – West Virginia | <input type="radio"/> QC – Quebec |
| <input type="radio"/> IL – Illinois | <input type="radio"/> MO – Missouri | <input type="radio"/> OR – Oregon | <input type="radio"/> WI – Wisconsin | <input type="radio"/> SK – Saskatchewan |

Bulk storage

Do you maintain bulk storage? If Yes, list the jurisdiction where the fuel is maintained.

☐ Yes ☐ No

Prior registration

Indicate any IFTA jurisdiction(s) in which you are currently or were previously registered. (Enter "None" if you have never been registered for IFTA.)

Important information

Has your IFTA license ever been revoked in any IFTA jurisdiction?

☐ Yes ☐ No

List any IFTA jurisdiction in which your IFTA license is currently revoked.

Declaration

The applicant agrees to comply with reporting, payment, record-keeping requirements to report payments, keep records and license display requirements as specified in the Massachusetts Tax Law and the International Fuel Tax Agreement. The applicant further agrees that Massachusetts may withhold any refunds due if the IFTA applicant is delinquent on payment of fuel taxes due to any IFTA member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of an IFTA license in all member jurisdictions.

Under the penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief it is true, correct and complete.

Authorized signature (print)

Title

Date

Telephone

Signature of owner, partner, member or officer from page 1

Instructions

Remit fees with application. Remittance must be in U.S. funds. Make check payable to: **Commonwealth of Massachusetts**. Mail to: **Massachusetts Department of Revenue, P.O. Box 7027, Boston, MA 02204.**

Form IFTA-1 Instructions

Enter your Federal Employer Identification number. If one has not been issued, enter your Social Security number.

All trucks that go interstate and weigh more than 10,000 pounds are required to have a Department of Transportation number. For further information call 781-425-3210.

Enter the legal name of the business. The legal name is the name under which the business owns the property or acquires debt. A corporation's legal name is the name that appears on its certificate of incorporation. If the business is a partnership, the legal name is the name that appears on its partnership agreement. The legal name of a sole proprietorship is the name of the individual owner of the business.

If the company has a DBA ("doing business as"), enter that. It will be used to establish your account.

Enter the business address of the company.

Enter the mailing address you wish to receive your license, decals and returns.

Enter where the fuel records will be available for audit.

Enter the telephone number of the company.

Fill in the appropriate oval and complete the name and full address if you are giving Power of Attorney to an outside agent or representative. You must also submit a Power of Attorney (Form M-2848).

Fill in the appropriate type of business based on the federal number.

Enter the names, titles, Social Security numbers and residence addresses of the principal corporate officers, members, partners, individual owners or executors, administrators, receivers, trustees or fiduciaries.

Renewal. Fill in if you have or had a license for 2019. New applicants must register online at mass.gov/masstaxconnect. After registering for IFTA, you may log in to your account to order decals.

Additional. Fill in if currently licensed for 2020 and need additional decals.

Enter the date you began or will begin IFTA in Massachusetts based on the current identification number entered.

Fill in ovals for all types of fuel used.

Enter the number of IFTA vehicles you are applying for and multiply by \$8. Submit a check for resulting amount payable to **Commonwealth of Massachusetts**. Decals are not vehicle specific, and extra decals can be ordered.

Fill in the oval for all jurisdictions in which traveling will be done. Traveling must be done in Massachusetts and one other jurisdiction to qualify for IFTA.

If bulk storage is maintained, fill in Yes and enter the jurisdiction where fuel is maintained. Otherwise, fill in No.

List the IFTA member jurisdiction(s) in which you are registered or have been registered for IFTA.

Fill in the appropriate Yes or No oval as to whether your IFTA license has ever been revoked. List any IFTA jurisdiction in which your IFTA license is currently revoked.

Print name, have the application signed by an authorized person and enter the title of person signing the application. The application must be signed by the owner, partner, officer or person authorized in the "Principal officers" section on the front of this application, accepting responsibility for the validity of the information contained in the application.

Review application to ensure that it is complete. Verify the check amount, that the mailing address is on the application and that it is signed. The application will be returned if it is not complete, which will cause delays in its processing.

For any additional questions, call DOR at 617-887-6367.